# AS PER THE BUILDING INSPECTOR:

ALL ITEMS REQUIRED FOR PERMIT PROCESS

MUST BE INCLUDED OR APPLICATION

WILL NOT BE ACCEPTED

(no exceptions)

ANY QUESTIONS PLEASE CALL THE BUILDING INSPECTOR @ (845) 831-7800 ext 3321.



#### TOWN OF FISHKILL

#### OFFICE OF MUNICIPAL DEVELOPMENT

807 Route 52, Fishkill, New York 12524-3110 website: www.fishkill-ny.gov

(845) 831-7800 ext. 3322 Fax:(845) 831-3256



## DECK AND PORCH BUILDING PERMIT PACKAGE

- 1. **CONSTRUCTION DRAWINGS** Need to submit two (2) drawings of the proposed deck or porch. A complete top view and a side section view, showing all structural members, their size and spacing. Include stairs, platform details, fastening methods, spacing between supports and all elevations. Minimum depth of the footings are to be no less than 42".
- 2. **LOCATION PLAN** A location plan or stamped survey of the property showing the location of the deck on the house and indicating the proper setbacks from the property lines in conformance with The Town of Fishkill Zoning Ordinance. Show water and sewer line. See attached samples.
- 3. **WORKERS' COMPENSATION and CERTIFICATE OF LIABILITY** Proof of insurance must be submitted from the contractor and/or homeowner at the time of the application.
- Contractors MUST submit Certificate of Liability naming Town of Fishkill or homeowner of project as Certificate Holder.
- Contractors MUST submit Certificate of Workers Compensation (not acceptable on Accord forms) or Affidavit in lieu
  thereof---signed and stamped by Workers Compensation Board.
- Homeowners doing their own projects MUST fill out form BP-1 (included in packet) and have notarized.
- 4. If contractor is applicant, the contractor **MUST** provide a letter from the homeowner authorizing him to file for Building Permit.
- 5. All applications MUST be complete before review by a Building Inspector.

BUILDING PERMIT APPLICAT
--------------------------

_			
	_	_	_

#### TOWN OF FISHKILL, COUNTY OF DUTCHESS, NEW YORK

The undersigned hereby applies for a permit to completely perform work in accordance with the description, plans, specifications and/or professionally prepared design standards and such conditions as may be indicated on the permit. The permit must be filled out completely and often requires the previous approvals of other agencies which must be included with the application. All provisions of the Town of Fishkill, local

aw and an other appropriate rules and regulations shall apply. The ederal, state or local laws.  APPLICANT:	ne pennit does not t	constitute authority to p	enomi work in violation of any
ADDRESS:		PHO	ONE:
OWNER:			
ADDRESS:		PHO	ONE:
BUILDER:			
ADDRESS:		PH0	ONE:
BUILDING SITE LOCATION:			
	(Road: Town, Co	ounty, State or Private)	
TAX GRID NUMBER: #06			
PROJECT: Check all that apply.)			
Construction of New Building Demolition Factory Manufactured Home Conversion - Change in Use/Occupancy Alteration Addition to Existing Building Repair to Existing Structure Installation/Replacement of Equipment and Systems Installation/Extension of Electrical Systems	[ ] Pool - In- [ ] Garage, [ ] Garage, [ ] Noncomi [ ] Deck/Poi	-Ground: s Attached Detached mercial Storage Buildir rch	izeizeizeing (shed) odstove, pellet stove, fireplace)
Size of Structure (dimensions):		Square Footag	ge:
Height: Number of Stories:			
No. of Bedrooms: No. of Bathrooms:		Finished Basemer	nt?
ZONING DISTRICT:	Fire District	:	
Proposed Setback Minimums: Distance of structure from Front Line:			
Road Frontage (feet):  Planning Approval - Site Plan, Special Use, etc.  Town Variance (attach ZBA resolution)  State Variance (attach Board of Review resolution)  Driveway Permit - Town, County, State DOT  Water/Sewer District Approvals  Wetland  Flood Plain	[ ] SAN 34 [ ] Manufac [ ] Trusses: [ ] Energy C [ ] Electrica [ ] Attachec [ ] INSURAI	Form - Dept. of Health stured Home: Stampe Stamped and Signed Code Compliance Shee I Inspection Agency: A Id Plot Plan or Survey NCE / WORKERS COM IATED COST OF PROJ	h Approval d and Signed Plans I Plans et Application Filed IPENSATION
oning Dept. Use:	Bldg. Dept. Use:		
] FEE: Deposit:	Balance:	by the execution of the	Total:nis application to all necessary
nspections to be made by the Building and Zoning Department or offessional to contact the Building Department and supervise, cert approved. It is understood that authorization is hereby given for the proof to the	of the Town of Fishl tify all work changed he Building Inspector	kill. It is the responsibi from the original plans t	lity of the applicant and design to be appropriately recorded and

All inspections are listed on Building Permit.

All applications MUST be complete before review by an Inspector.

#### MINIMUM 72 HOURS FOR PERMIT TO BE ISSUED

<u>LOCATION PLAN</u> TOWN OF FISHKILL, C	OUNTY OF DUTCHES	S, NEW YORK		ion/Permit #		]-[		
APPLICANT (owner of p LOCATION OF PROPO VORK:								
TAX GRID NUMBER: #	06			-				
NTERIOR LOT:	CORNER LO	T:	ZONING	DISTRICT:				
A SITE PLAN OR	R PLOT PLAN NOTING	ALL SITE FEA	Rear Yard		TUTED FO	MARK POI	NORTH	-
	Side Yardft.	<u> </u>	Front Yardft.	de Yard	ft.			
Nearest Street						Nearest	Street	

**IMPORTANT NOTE:** 

Street Name: \_\_\_\_\_

Frontage \_\_\_\_ft.

ft.

ft.

The applicant is responsible for accuracy in dimensions shown above.

INDICATE LOCATION OF WELL AND SEWAGE SYSTEM

AND THE DISTANCE OF EACH FROM STRUCTURE

#### WORKERS COMPENSATION AND DISABILITY INSURANCE REQUIREMENTS

TOWN OF FISHKILL, COUNTY OF DUTCHESS, NEW YORK

New York State law requires an applicant for a Building Permit to submit proof of Workers Compensation Insurance and proof of Disability Insurance. This proof must be on the following forms:

For Workers Compensation

C-105.2 U-26.3 SI-12 GSI-105.2

For Disability
DB-120.1
DB-155

ONLY THE ABOVE FORMS ARE ACCEPTABLE. BE ADVISED THAT "ACORD" FORMS ARE NOT ACCEPTABLE AS PROOF OF WORKERS COMPENSATION OR DISABILITY COVERAGE.

You can get the proper forms from your insurance company.

If you are a homeowner doing your own work on your own house, you may be eligible for exemption from the above requirements. Please ask us for a homeowner's exemption form.

If you are a business of one or two persons, with no full-time employees, you may be eligible for exemption from the above requirements. Please acquire form #C-105.21 from your local office of the Workers Compensation Board.

#### Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence

\*\*This form cannot be used to waive the workers' compensation rights or obligations of any party.\*\*

Gnobudin	g condominiums) listed on the building per proof of workers' compensation insurance	owner of the 1, 2, 3 or 4 family, owner-occupied residence mit that I am applying for, and I am not required to show e coverage for such residence because (please check the
	I am performing all the work for which the	building permit was issued.
	I am not hiring, paying or compensating in a for which the building permit was issued or	any way, the individual(s) that is(are) performing all the work r helping me perform such work.
	attached building permit AND am hiring	at is currently in effect and covers the property listed on the or paying individuals a total of less than 40 hours per week in the jobsite) for which the building permit was issued.
♦ a fe b	orms approved by the Chair of the NYS Work	coverage and provide appropriate proof of that coverage on kers' Compensation Board to the government entity issuing the uals a total of 40 hours or more per week (aggregate hours for a indicated on the building permit, or if appropriate, file a
(i v o t	including condominiums) listed on the buildi workers' compensation coverage or proof of e of the NYS Workers' Compensation Board to	work on the 1, 2, 3 or 4 family, <b>owner-occupied</b> residence ing permit that I am applying for, provide appropriate proof of exemption from that coverage on forms approved by the Chair the government entity issuing the building permit if the project gregate hours for all paid individuals on the jobsite) for work
	(Signature of Homeowner)	(Date Signed)  Home Telephone Number
<del></del>	Homeowner's Name Printed)	Home relephone Number
	y Address that requires the building permit:	Sworn to before me this day of  (County Clerk or Notary Public)

Once notarized, this Form BP-1 serves as an exemption for both workers' compensation and disability benefits insurance coverage.

### <u>ABBREVIATED SUMMARY OF PERMIT FEES – RESIDENTIAL</u> TOWN OF FISHKILL, COUNTY OF DUTCHESS, NEW YORK

RESIDENTIAL BUILDING PERMITS	
Minimum Fee (or minimum fee required to submit an application): See miscellaneous fees for retroactive work, electrical only work, etc.	\$ 75.00
New Home Construction (per \$1000 of estimated construction cost less land value):	\$ 12.00/\$1K
Additions:  New finished areas including, but not limited to, living areas, kitchens,	0.40/sq.ft.
bathrooms, bedrooms, closets, etc.  Interior Alterations:  Existing finished areas including, but not limited to, living areas,	0.30/sq.ft.
kitchens, bathrooms, bedrooms, closets, etc.  Garages:	
Attached: Detached:	0.40/sq.ft. 0.40/sq.ft.
Storage Buildings (sheds):	·
Up to 400 square feet:	\$75.00
Decks/Porches/Patios:	0.00//
Open or with roof cover only: Enclosed:	0.30/sq.ft. 0.40/sq.ft.
Patios (impervious or associated with a pool):	0.40/sq.n. 0.20/sq.ft.
Plumbing installations (alterations not included):	0.20/3q.n.
Kitchens:	20.00 each
Half bath (two fixtures):	20.00 each
Full bath (three fixtures):	20.00 each
Future rough-in:	10.00 each
Pools:	
Above ground (deck, platform or patio not included):	75.00 each
In ground (deck, platform or patio not included):	75.00 each
Conversions:	
Extended one-family use (alterations not included):	125.00 each
Accessory apartment use (alterations not included):	125.00 each
Heating Equipment (Furnaces, Boilers, Woodstoves, Pellet Stoves, Fireplaces, etc.):	
New installations (alterations not included):	50.00 each
Replacements (alterations not included):	50.00 each
MISCELLANEOUS FEES – RESIDENTIAL	\$0.00 DUU
Retroactive Work (in additional to above fees for each occurrence):	\$250.00 <u>PLUS</u>
Additional fee required to submit a Building Permit application or  Building Permit for work commenced or completed prior to approval of such Building Permit or amendment.	0% of the Cost of construction amendme
Electrical Work Only:	\$50.00 each
Temporary Construction/Office Trailer (requires Planning approval):	125.00/year
Sign - New Construction/Installation/Electric - (separate Zoning Permit is also required):	150.00 each
Re-inspection Fee (for re-scheduling of inspections, assessed at the discretion of the Build	
Municipal Files Searches (transcript of records only):	175.00 each
Additional fee for an on-site verification inspection:	125.00 each
Land Development Permit (Chapter 78):	100.00 each
(Fee applies only to applications that are not connected to site plan, subdivision, special use permit or building permit applications.)	
Top Soil and Excavation Permit (Chapter 128-5A):	100.00 each
(Fee applies only to applications that are covered under Chapter 128-5A.)	20000
Landscaping or Driveway Bond - administration fee (nonrefundable - notes 4 & 5):	\$ 100.00
(Bond amount shall be equal to cost of seeding or paving.)	
Building and/or Structural Demolition:	
Minimum Fee (includes work covering up to and including 250 square feet):	\$ 50.00
Add to minimum fee for each square foot, or fraction thereof, exceeding 250 square fe	et: 0.10/sq.ft.